

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**ALAMEDA COUNTY TREASURER**  
1221 OAK STREET

OAKLAND CA 94612

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.03911791</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,257,076.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,257,076.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,102,873.01</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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ALPINE COUNTY TREASURER  
PO BOX 217

MARKLEEVILLE CA 96120

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00010612</b>

<b>Gross Claim</b>	<b>\$</b>	<b>3,410.23</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>3,410.23</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>32,833.84</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000293A  
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**AMADOR COUNTY TREASURER**  
810 COURT STREET

JACKSON CA 95642

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00132859</b>

<b>Gross Claim</b>	<b>\$</b>	<b>42,695.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>42,695.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>411,060.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000293A  
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**BUTTE COUNTY TREASURER**  
25 COUNTY CENTER DR

OROVILLE CA 95965

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00893807</b>

<b>Gross Claim</b>	<b>\$</b>	<b>287,230.11</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>287,230.11</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,759,430.35</b>

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P O BOX 942850, SACRAMENTO, CA 94250-0001

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**CALAVERAS COUNTY TREASURER**  
GOVERNMENT CENTER

SAN ANDREAS CA 95249

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00136297</b>

<b>Gross Claim</b>	\$	<b>43,799.84</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>43,799.84</b>
<b>YTD Amount:</b>	\$	<b>421,694.58</b>

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**COLUSA COUNTY TREASURER**

546 JAY ST

COLUSA CA

95932

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00106888</b>

<b>Gross Claim</b>	<b>\$</b>	<b>34,349.08</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>34,349.08</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>324,592.00</b>

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**CONTRA COSTA COUNTY TREASURER**  
625 COURT ST RM 102

MARTINEZ CA 94553

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.02011996</b>

<b>Gross Claim</b>	<b>\$</b>	<b>646,566.68</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>646,566.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>6,225,008.58</b>

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**DEL NORTE COUNTY TREASURER**

981 H ST STE 150

CRESCENT CITY CA 95531

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00127154</b>

Gross Claim	\$	40,861.68
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	40,861.68
YTD Amount:	\$	393,406.68



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**EL DORADO COUNTY TREASURER**

360 FAIR LANE

PLACERVILLE CA 95667

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00494732</b>

<b>Gross Claim</b>	<b>\$</b>	<b>158,985.02</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>158,985.02</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,517,876.52</b>

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**FRESNO COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.02544471</b>

<b>Gross Claim</b>	<b>\$</b>	<b>817,680.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>817,680.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>7,872,456.42</b>

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**GLENN COUNTY TREASURER**

P O BOX 151

WILLOWS CA

95988

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00122313</b>

<b>Gross Claim</b>	<b>\$</b>	<b>39,306.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>39,306.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>378,429.93</b>

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**HUMBOLDT COUNTY TREASURER**

825 FIFTH STREET ROOM 125

EUREKA CA

95501

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00862799</b>

<b>Gross Claim</b>	<b>\$</b>	<b>277,265.50</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>277,265.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,466,197.20</b>

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**IMPERIAL COUNTY TREASURER**

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00880356</b>

<b>Gross Claim</b>	<b>\$</b>	<b>282,907.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>282,907.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,659,755.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00165903</b>

<b>Gross Claim</b>	<b>\$</b>	<b>53,313.90</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>53,313.90</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>513,295.90</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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**KERN COUNTY TREASURER**

PO BOX 981240

SACRAMENTO CA 95798 1240

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.01721219</b>

<b>Gross Claim</b>	<b>\$</b>	<b>553,123.79</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>553,123.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,325,361.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000293A  
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**KINGS COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00445852</b>

<b>Gross Claim</b>	<b>\$</b>	<b>143,277.15</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>143,277.15</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,379,443.59</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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PAYMENT ISSUE DATE: 7/27/2011

LAKE COUNTY TREASURER  
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

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Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,135,584.82	County/City Ratio:	0.00199461

Gross Claim	\$	64,097.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	64,097.96
YTD Amount:	\$	617,119.86

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

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**LASSEN COUNTY TREASURER**  
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

**Allocation of Sales Tax-Local Realignment, Public Health**

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<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00134019</b>

<b>Gross Claim</b>	<b>\$</b>	<b>43,067.79</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>43,067.79</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>414,648.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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CLAIM SCHEDULE NUMBER: 1000293A  
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LOS ANGELES COUNTY TREASURER  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.31055678</b>

<b>Gross Claim</b>	<b>\$</b>	<b>9,979,923.74</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>9,979,923.74</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>96,084,635.81</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**MADERA COUNTY TREASURER**

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00444444</b>

<b>Gross Claim</b>	<b>\$</b>	<b>142,824.68</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>142,824.68</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,375,086.43</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**MARIN COUNTY TREASURER**

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00978123</b>

<b>Gross Claim</b>	<b>\$</b>	<b>314,325.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>314,325.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,874,655.39</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**MARIPOSA COUNTY TREASURER**

PO BOX 36

MARIPOSA CA 95338

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00071281</b>

<b>Gross Claim</b>	<b>\$</b>	<b>22,906.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>22,906.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>220,539.64</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**MENDOCINO COUNTY TREASURER**

501 LOW GAP RD 1060

UKIAH CA

95482

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00285164</b>

<b>Gross Claim</b>	<b>\$</b>	<b>91,639.12</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>91,639.12</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>882,282.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**MERCED COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00629714</b>

<b>Gross Claim</b>	<b>\$</b>	<b>202,362.28</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>202,362.28</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,948,301.73</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**MODOC COUNTY TREASURER**  
204 COURT ST RM 101

ALTURAS CA 96101

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00079121</b>

<b>Gross Claim</b>	<b>\$</b>	<b>25,426.00</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>25,426.00</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>244,794.83</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**MONO COUNTY TREASURER**

P O BOX 495

BRIDGEPORT CA 93517

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00114140</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,679.56</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,679.56</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>353,141.52</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**MONTEREY COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812 1406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00812080</b>

<b>Gross Claim</b>	<b>\$</b>	<b>260,966.66</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>260,966.66</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,512,530.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**NAPA COUNTY TREASURER**  
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00419177</b>

<b>Gross Claim</b>	<b>\$</b>	<b>134,704.98</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>134,704.98</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,278,726.22</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**NEVADA COUNTY TREASURER**

PO BOX 128

NEVADA CITY CA 95959

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00269975</b>

<b>Gross Claim</b>	<b>\$</b>	<b>86,758.05</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>86,758.05</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>831,938.09</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**ORANGE COUNTY TREASURER**

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.06443974</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,070,808.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,070,808.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>19,937,316.08</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**PLACER COUNTY TREASURER**  
2976 RICHARDSON DRIVE

AUBURN CA 95603

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00380642</b>

<b>Gross Claim</b>	<b>\$</b>	<b>122,321.53</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>122,321.53</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,177,687.26</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**PLUMAS COUNTY TREASURER**

PO BOX 176

QUINCY CA

95971

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00113416</b>

<b>Gross Claim</b>	<b>\$</b>	<b>36,446.89</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>36,446.89</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>321,961.44</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**RIVERSIDE COUNTY TREASURER**

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.03289206</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,057,005.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,057,005.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,176,630.02</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SACRAMENTO COUNTY TREASURER**

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.03445505</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,107,233.18</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,107,233.18</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,660,207.48</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN BENITO COUNTY TREASURER**

COURTHOUSE

440 FIFTH ST RM 107

HOLLISTER CA

95023

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00159151</b>

<b>Gross Claim</b>	<b>\$</b>	<b>51,144.10</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>51,144.10</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>492,403.86</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN BERNARDINO COUNTY TREASURER**  
PO BOX 1859

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.03996868</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,284,416.91</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,284,416.91</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>12,366,097.30</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN DIEGO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO CA 95812 2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.07799923</b>

<b>Gross Claim</b>	<b>\$</b>	<b>2,506,550.87</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>2,506,550.87</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>24,132,545.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN FRANCISCO COUNTY TREASURER**

PO BOX 2920

SACRAMENTO

95814-2920

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.05924516</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,903,877.86</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,903,877.86</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>18,330,137.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN JOAQUIN COUNTY TREASURER**

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.01529154</b>

<b>Gross Claim</b>	<b>\$</b>	<b>491,402.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>491,402.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,731,120.55</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN LUIS OBISPO COUNTY TREASURER**  
PO BOX 1149

SAN LUIS OBISPO CA 93406

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00459188</b>

<b>Gross Claim</b>	<b>\$</b>	<b>147,562.75</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>147,562.75</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,420,704.93</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SAN MATEO COUNTY TREASURER**

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.01397274</b>

<b>Gross Claim</b>	<b>\$</b>	<b>449,022.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>449,022.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,323,091.65</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SANTA BARBARA COUNTY TREASURER**  
PO BOX 579

SANTA BARBARA CA 93102

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00838718</b>

<b>Gross Claim</b>	\$	<b>269,526.93</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>269,526.93</b>
<b>YTD Amount:</b>	\$	<b>2,594,948.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SANTA CLARA COUNTY TREASURER**

PO BOX 1406

SACRAMENTO CA 95812

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.03392573</b>

<b>Gross Claim</b>	<b>\$</b>	<b>1,090,223.17</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>1,090,223.17</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>10,496,440.66</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SANTA CRUZ COUNTY TREASURER**  
PO BOX 1817

SANTA CRUZ CA 95061

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00556855</b>

<b>Gross Claim</b>	<b>\$</b>	<b>178,948.61</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>178,948.61</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,722,878.50</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SHASTA COUNTY TREASURER**

PO BOX 1859

SACRAMENTO CA 95812 1859

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00771514</b>

<b>Gross Claim</b>	<b>\$</b>	<b>247,930.54</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>247,930.54</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>2,355,934.28</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

SIERRA COUNTY TREASURER  
PO BOX 376

DOWNIEVILLE CA 95936 0376

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	\$235,714,500.24	Percentage of collection:	0.13633266
Gross monthly apportionment:	\$32,135,584.82	County/City Ratio:	0.00026775

Gross Claim	\$	8,604.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	8,604.30
YTD Amount:	\$	82,842.04

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SISKIYOU COUNTY TREASURER**

311 FOURTH ST RM 104

YREKA CA

96097

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00208335</b>

<b>Gross Claim</b>	<b>\$</b>	<b>66,949.67</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>66,949.67</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>644,574.67</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SOLANO COUNTY TREASURER TAX COLLECTOR**

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.01114864</b>

<b>Gross Claim</b>	<b>\$</b>	<b>358,268.07</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>358,268.07</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,449,331.99</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SONOMA COUNTY TREASURER**

PO BOX 1204

SACRAMENTO CA 95812 1204

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.01734411</b>

<b>Gross Claim</b>	<b>\$</b>	<b>557,363.12</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>557,363.12</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>5,099,696.68</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**STANISLAUS COUNTY TREASURER**

PO BOX 3052

MODESTO CA

95353 3052

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.01168672</b>

<b>Gross Claim</b>	<b>\$</b>	<b>375,559.58</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>375,559.58</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,615,809.70</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**SUTTER COUNTY TREASURER**  
PO BOX 546

YUBA CITY CA 95992

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00403600</b>

<b>Gross Claim</b>	<b>\$</b>	<b>129,699.22</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>129,699.22</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,230,735.19</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**TEHAMA COUNTY TREASURER**

PO BOX 1150

RED BLUFF CA 96080

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00274330</b>

<b>Gross Claim</b>	<b>\$</b>	<b>88,157.55</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>88,157.55</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>847,220.95</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**TRINITY COUNTY TREASURER**

PO BOX 1297

WEAVERVILLE CA 96093 1297

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00117460</b>

<b>Gross Claim</b>	<b>\$</b>	<b>37,746.46</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>37,746.46</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>363,415.29</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**TULARE COUNTY TREASURER**  
COUNTY CIVIC CENTER RM 103E  
221 SOUTH MOONEY BL  
VISALIA CA 93291

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.01120898</b>

<b>Gross Claim</b>	<b>\$</b>	<b>360,207.13</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>360,207.13</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>3,468,001.12</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**TUOLUMNE COUNTY TREASURER**  
2 SOUTH GREEN ST

SONORA CA 95370

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00211075</b>

<b>Gross Claim</b>	\$	<b>67,830.19</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>67,830.19</b>
<b>YTD Amount:</b>	\$	<b>653,052.72</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**VENTURA COUNTY TREASURER**

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.01334317</b>

<b>Gross Claim</b>	<b>\$</b>	<b>428,790.57</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>428,790.57</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>4,128,306.04</b>



CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**YOLO COUNTY TREASURER**

PO BOX 1995

WOODLAND CA

95695

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00370280</b>

<b>Gross Claim</b>	<b>\$</b>	<b>118,991.64</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>118,991.64</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,145,628.34</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**YUBA COUNTY TREASURER**

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00354045</b>

<b>Gross Claim</b>	<b>\$</b>	<b>113,774.43</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>113,774.43</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,085,675.82</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**BERKELEY CITY TREASURER**  
2081 CENTER STREET

BERKELEY CA 94704

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00143779</b>

<b>Gross Claim</b>	\$	<b>46,204.22</b>
<b>County Medical Services Program Offset</b>	\$	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	\$	<b>46,204.22</b>
<b>YTD Amount:</b>	\$	<b>444,842.42</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

**LONG BEACH CITY TREASURER**

333 W OCEAN BL

LONG BEACH CA 90802

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00644649</b>

<b>Gross Claim</b>	<b>\$</b>	<b>207,161.73</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>207,161.73</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>1,994,507.05</b>

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1000293A  
PAYMENT ISSUE DATE: 7/27/2011

PASADENA CITY TREASURER  
PO BOX 7115

PASADENA CA 91109 7215

**Allocation of Sales Tax-Local Realignment, Public Health**

Section 17603(B) Welfare and Institutions Code. To be deposited in Local Health and Welfare Trust Fund-Health Account.

Fiscal Year: 2010-11

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 6/16/2011 TO: 7/15/2011

<u>Total amount collected:</u>	<b>\$235,714,500.24</b>	Percentage of collection:	<b>0.13633266</b>
Gross monthly apportionment:	<b>\$32,135,584.82</b>	County/City Ratio:	<b>0.00212607</b>

<b>Gross Claim</b>	<b>\$</b>	<b>68,322.50</b>
<b>County Medical Services Program Offset</b>	<b>\$</b>	<b>0.00</b>
<b>Net Claim / Payment Amount</b>	<b>\$</b>	<b>68,322.50</b>
<b>YTD Amount:</b>	<b>\$</b>	<b>657,793.17</b>